

NIH-DC Initiative to Reduce Infant Mortality

Barriers, Motivators and Facilities of Prenatal Care Utilization in Washington, D.C.

Baseline Interview for Prenatal Women

Introduction

Okay, now I'm going to ask you a number of questions about your personal history, your pregnancy history, your beliefs about prenatal care, and your feelings about the prenatal care system in the District. Please try to give frank and complete answers to each of the questions you will be asked.

SUBJECT ID NUMBER:

LABEL

DATE OF INTERVIEW:

MONTH

DAY

YEAR

INTERVIEWER ID NUMBER:

SPECIFY INTERVIEW SITE NAME: _____

CIRCLE THE APPROPRIATE CLASSIFICATION:

PUBLIC HOSPITAL CLINIC1

PRIVATE HOSPITAL CLINIC2

PUBLIC COMMUNITY CLINIC3

PRIVATE COMMUNITY CLINIC4

PRIVATE PRACTICE5

PART A. RESIDENCE INFORMATION

I would like to begin by asking you some questions about where you have lived.

A1. Where were you born?

CITY COUNTY STATE COUNTRY

IF OUTSIDE USA, RECORD COUNTRY CODE ____ _ .

A2. Have you ever lived in any other countries besides the United States?

YES.....1

NO.....2

6

SKIP TO Q. A4

A3. In what other countries have you lived?
(LIST ALL OTHER COUNTRIES)

A4. Have you ever lived in any other part of the United States besides Washington, D.C.?

YES.....1

NO.....2

6

SKIP TO Q. A6

A5. In what states have you lived?
(LIST ALL OTHER STATES)

A6. How long have you lived in the United States altogether?

___ __ YEARS
AND ___ __ MONTHS
AND ___ __ WEEKS
OR 97.....ALL MY LIFE

A7. How long have you lived at your current address?

___ __ YEARS
AND ___ __ MONTHS
AND ___ __ WEEKS
OR 97HOMELESS

A8. Have you ever lived in any other part (section) of D.C.?

YES.....1

NO.....2

6

SKIP TO Q. A10

A9. In what other parts of the city have you lived? Have you lived in...

	YES	NO
a. Northeast?	1	2
b. Northwest?	1	2

c. Southeast? 1 2

d. Southwest? 1 2

A10. How long have you lived in the District of Columbia altogether?

__ __ YEARS

AND __ __ MONTHS

AND __ __ WEEKS

OR 97.....ALL MY LIFE

A11. Where was your mother born?

_____ CITY	_____ COUNTY	_____ STATE	_____ COUNTRY
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IF OUTSIDE USA, RECORD COUNTRY CODE _____.

A12. Where was your father born?

_____ CITY	_____ COUNTY	_____ STATE	_____ COUNTRY
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IF OUTSIDE USA, RECORD COUNTRY CODE _____.

A13. What language are you most comfortable speaking?
(CIRCLE ONE)

ENGLISH.....1

SPANISH2

FRENCH3

OTHER4

(SPECIFY)

A14. What other languages do you speak?
(CIRCLE ALL THAT APPLY)

ENGLISH.....1
SPANISH2
FRENCH3
NONE4
OTHER.....5

(SPECIFY)

A15. Are you of Spanish, Latino, or Hispanic origin?

YES.....1
NO.....2

A16. What is your race or ethnic group? Are you...
(CIRCLE ONE)

Black / African American,.....1
Asian/Pacific Islander,.....2
White,.....3
Alaskan Native/American Indian, or...4
Other?.....5

(SPECIFY)

PART B. CURRENT PREGNANCY INFORMATION

I will now ask you some questions about your current pregnancy and the prenatal care you are receiving.

B1. When was your last menstrual period?

1st/ 2nd/ 3rd/ 4th WEEK of ____ ____
MONTH YEAR

DON'T KNOW WEEK.....8

DON'T KNOW MONTH.....98

B2. What is your due date?

____ ____ and ____ ____ and ____ ____
MONTH DAY YEAR

(e.g. February 23rd, 1997 = 02
and 23 and 1997; DON'T KNOW
CODES = 98 AND 9998)

B3. What made you think you were pregnant?
(CIRCLE ALL THAT APPLY)

MISSED PERIOD01

FELT SICK/UPSET STOMACH.....02

INTUITION/HAD A FEELING.....03

FELT BABY MOVE04

SAW SPOTTING.....05

FELT BLOATED.....06

TENDER BREASTS.....07

FELT TIRED.....08

NEEDED TO URINATE OFTEN.....09

OTHER.....10

(SPECIFY)

B4. Did you go to a doctor, clinic or hospital to make sure you were pregnant?

YES.....1

NO.....2 6 SKIP TO Q. B7

B5. Where did you go to make sure you were pregnant?

SAME LOCATION AS INTERVIEW.....1

DIFFERENT PLACE.....2

(SPECIFY)

B6. How many weeks pregnant were you when you had the pregnancy test done?

__ __WEEKS PREGNANT

98.....DON'T KNOW

B7. Did you have any difficulty arranging for your first prenatal care visit?

YES.....1

NO.....2 6 SKIP TO Q.B9

B8. What kind of problems did you have arranging your first prenatal care visit? (Circle all that apply)

NO INSURANCE.....1

NO MONEY.....2

WAITING FOR MEDICAID....3

OTHER.....4

(SPECIFY)

B9. How many days or weeks was it from the time you first contacted the clinic or office until you were able to make an appointment?

___ __DAYS

AND ___ __WEEKS

AND ___ __MONTHS

OR 97...SAME DAY

B10. How many days or weeks was it from the time you made your first prenatal appointment until the actual day of your visit?

___ __DAYS

AND ___ __WEEKS

AND ___ __MONTHS

OR 97...SAME DAY

B11. Did you visit an emergency room during this pregnancy for any reason related to your health or pregnancy?

YES.....1

NO.....2

6

SKIP TO Q. B14

B12. How many times have you gone to an emergency room during this pregnancy?

___ ___ TIMES

B13.

A) Which Emergency Room?	B) What was the problem that brought you to this Emergency Room visit?
1.	1.
2.	2.
3.	3.
4.	4.

B14. Were you admitted into the hospital during this pregnancy for any problem related to your health or your pregnancy?

YES.....1

NO.....2

6

SKIP TO PART C, PAGE 10

B15. How many times have you been admitted to the hospital during this pregnancy?

___ ___ TIMES

B16.

A) At Which Hospital Were You Hospitalized?	B) Why Were You Hospitalized?
1.	1.
2.	2.
3.	3.

4.	4.
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PART C. BARRIERS, MOTIVATORS, AND FACILITATORS

C1. I will now read some reasons why some women start prenatal care. Please tell me whether or not that reason made you start prenatal care.

Did you start prenatal care.....

	YES	NO
a) to learn how to protect your health	1	2
b) because you were afraid that you would have problems during the pregnancy without prenatal care	1	2
c) to talk to someone about your pregnancy	1	2
d) to learn better health habits	1	2
e) to learn about labor and delivery	1	2
f) to have a healthy baby	1	2
g) because your family wanted you to come	1	2
h) because your husband or boyfriend wanted you to come	1	2
I) because your friends wanted you to come	1	2
j) because your health care or social worker wanted you to come	1	2

C2. Are there any other reasons you started prenatal care?

YES.....1

6

PLEASE SPECIFY

NO.....2

C3. I am going to read a list of things that women have told us make it easier for them to start prenatal care. Please tell me whether or not each one made it easier for you to start prenatal care.

Was it easier for you to start prenatal care because.....

	YES	NO
a) you got a ride to your appointment	1	2
b) you got free transportation	1	2
c) you got help paying for transportation	1	2
d) it was easy to get to the appointment using public transportation	1	2
e) a family member or friend provided child care	1	2
f) you got free child care	1	2
g) you got help paying for child care	1	2
h). child care is available <u>near</u> where you had your appointment	1	2
i). child care is available <u>at</u> the facility where you had your appointment	1	2
j). the clinic <u>hours</u> are convenient for you	1	2

C4. Are there any other things that made it easier for you to start prenatal care?

YES.....1

6

PLEASE SPECIFY

NO.....2

C5. The following is a list of things that affect women's decisions to start prenatal care. Please tell me if these reasons caused you to start prenatal care later (than you intended).

Did you start prenatal care later because....

	YES	NO
a) you had no money to pay for prenatal care	1	2
b) you had no health insurance	1	2
c) you did not know you could get help paying for prenatal care	1	2
d) you did not know where you could get prenatal care	1	2
e) you could not get an appointment	1	2
f) you had to wait too long to get an appointment	1	2
g) your appointment was cancelled by the clinic	1	2
h) you didn't like the attitudes of the staff	1	2
i) the hours at the clinic are not convenient for you	1	2
j) you didn't think you could communicate with the staff	1	2
k) you had transportation problems	1	2
l) you had child care problems	1	2
m) you could not get time off from work	1	2
n) you have had to wait too long in the waiting room to see your health care provider	1	2

C6. Are there any other things that caused you to start prenatal care later
(than you intended)?

YES.....1

6

PLEASE SPECIFY

NO.....2

C7. For many women their beliefs regarding prenatal care keep them from starting prenatal care. Please tell me if these reasons caused you to start prenatal care later (than you intended).

Did you start prenatal care later because....

	YES	NO
a) you were afraid of or did not like medical tests and examinations	1	2
b) you do not like needles or taking medicine	1	2
c) generally, you do not like health care workers	1	2
d) you have been dissatisfied with the care you received	1	2
e) you go to the emergency room when there is a problem	1	2
f) you did not know you were pregnant	1	2
g) you went in late for a pregnancy test	1	2
h) you did not think you needed prenatal care	1	2
I) you can take care of yourself during pregnancy	1	2
j) you get advice about pregnancy from family and friends	1	2
k) you did not want to be examined by a man	1	2
l) you did not want people to know you were pregnant	1	2
m) the pregnancy was unplanned	1	2
n) you were unhappy about being pregnant	1	2
o) you were thinking of having an abortion	1	2

C8. Are there any other things that caused you to start prenatal care later (than you intended)?

YES.....1

6

PLEASE SPECIFY

NO.....2

C9. For many women, stress and personal issues in their lives keep them from starting prenatal care. Please tell me if any of these reasons caused you to start prenatal care later (than you intended).

Did you start prenatal care later because....

	YES	NO
a) you did not feel well	1	2
b) of family problems	1	2
c) of problems with your husband or boyfriend	1	2
d) you got beat up by your husband or boyfriend	1	2
e) you had been under stress	1	2
f) you were depressed	1	2
g) you did not feel good about yourself	1	2
h) of personal problems	1	2
I) you were not thinking straight	1	2
j) you forgot the appointment	1	2
k) you were moving a lot	1	2
l) you were/are homeless	1	2
m) you were afraid of crime near your home or the clinic	1	2

n) you were afraid of being found
out by the Immigration and
Naturalization Service

1

2

C10. Are there any other things that caused you to start prenatal care later
(than you intended)?

YES.....1

6

PLEASE SPECIFY

NO.....2

C11. Please look at Showcard Number 1 and tell me to what extent the
following things would help you start prenatal care earlier than you
did?

[GIVE RESPONDENT SHOWCARD #1 AND READ.]

How much of a difference would it make if....

	A LOT	SOME	A LITTLE	NONE
a) you got help with completing forms. Would you say.....	1	2	3	4
b) you got incentives - such as gifts or money. Would you say.....	1	2	3	4
d) you got rides to the clinic	1	2	3	4
e) you got child care assistance	1	2	3	4
f) you had a home visitor	1	2	3	4
g) the clinic had hours convenient for you	1	2	3	4
h) you got a call to follow-up on missed appointments	1	2	3	4
I) the staff were easy to understand	1	2	3	4
j) the staff were from the same country as you	1	2	3	4

k)	you had financial support	1	2	3	4
l)	you had emotional support	1	2	3	4

C12. What other things would have helped you start prenatal care earlier than you did? How much? (A lot, Some, or A Little)

	A LOT	SOME	A LITTLE
a) _____	1	2	3
b) _____	1	2	3
c) _____	1	2	3

C13. Refer again to Showcard Number 1. To what extent would the following incentives (e.g. money or gifts) help you start prenatal care earlier than you did?

[GIVE RESPONDENT SHOWCARD #1 AND READ.]

How much of a difference would it make if you were given...

	A LOT	SOME	A LITTLE	NONE
a) help with paying for child care. Would you say.....	1	2	3	4
b) help with paying for transportation. Would you say.....	1	2	3	4
c) help with paying for baby supplies	1	2	3	4
d) help with paying for food	1	2	3	4
e) movie tickets for starting prenatal care earlier	1	2	3	4
f) help with paying for drug store items	1	2	3	4
g) money for starting prenatal care earlier	1	2	3	4

C14. What other types or kinds of incentives would help you start prenatal care earlier than you did? How much? (A Lot, Some, or A Little)

	A LOT	SOME	A LITTLE
a) _____	1	2	3
b) _____	1	2	3
c) _____	1	2	3

C15. Can you travel easily to your prenatal care appointments?

YES.....1

NO.....2

C16. How did you get to this prenatal appointment?
(CIRCLE ALL THAT APPLY)

WALK.....1

BUS.....2

CAR.....3

TAXI.....4

TRAIN/SUBWAY/METRO.....5

OTHER.....6

(SPECIFY)

C17. How long did it take you to travel to this prenatal appointment?

__ __ MINUTES

AND __ __ HOURS

OR 98.....DON'T KNOW

C18. Do you have a home visitor?

YES.....1

NO.....2

6

SKIP TO PART D, PAGE 20

C19. Does the home visitor help you?

YES.....1

NO.....2

6

SKIP TO PART D, PAGE 20

C20. How does the home visitor help you?

PART D. INFORMATION ABOUT SOCIAL SUPPORT

Now I will ask you some questions about who has been supportive of you during your pregnancy.

D1. Please look at Showcard Number 2 and tell me which of the following has given you the most important information about this pregnancy?

(CIRCLE ONE ONLY, USE SHOWCARD #2 AND READ)

Mother or father.....	01
Grandmother or grandfather.....	02
Sister or brother.....	03
Husband or boyfriend.....	04
Friend.....	05
Doctor.....	06
Midwife.....	07
Nurse.....	08
Social worker.....	09
Nutritionist.....	10
TV.....	11
Radio.....	12
Magazine.....	13
Newspaper.....	14
Other person or thing.....	15

(SPECIFY)

D2. In general, were you encouraged or discouraged to get prenatal care?

ENCOURAGED.....1

DISCOURAGED.....2

NEITHER.....3

6

SKIP TO Q. D4

D3. Referring to Showcard Number 3, who (encouraged/discouraged) you the most?

(CIRCLE ONE ONLY, USE SHOWCARD #3 AND READ)

Mother or father.....01
Grandmother or grandfather.....02
Sister or brother.....03
Husband or boyfriend.....04
Friend.....05
Doctor.....06
Midwife.....07
Nurse.....08
Social worker.....09
Nutritionist.....10
Other person11

(SPECIFY)

D4. Do you have anyone to turn to in times of emotional need?

YES.....1

NO.....2

6

SKIP TO Q. D6

D5. Again, referring to Showcard Number 3, who can you turn to most often?

(CHECK ONE ONLY, USE SHOWCARD #3 AND READ)

Mother or father.....01
Grandmother or grandfather.....02
Sister or brother.....03
Husband or boyfriend.....04
Friend.....05
Doctor.....06
Midwife.....07
Nurse.....08
Social worker.....09
Nutritionist.....10
Other person.....11

(SPECIFY)

D6. Do you have a preference for the race or ethnic group of your doctor?

YES.....1

NO.....2

6

SKIP TO Q. D8

D7. What race or ethnic group would you prefer your doctor to be?

BLACK/AFRICAN AMERICAN.....1

HISPANIC/LATINO.....2

ASIAN/PACIFIC ISLANDER.....3

WHITE.....4

OTHER.....5

(SPECIFY)

D8. Do you have a preference for the sex of your doctor?

YES.....1

NO.....2

6

SKIP TO PART E, NEXT PAGE

D9. Which sex would you prefer your doctor to be?

MALE.....1

FEMALE.....2

PART E. REPRODUCTIVE HISTORY

Now, I'd like to ask you a few questions about your past pregnancy history.

E1. How old were you when you had your first menstrual period?

___ ___ YEARS

OR ___ ___ GRADE IN SCHOOL

98.....DON'T KNOW

E2. Is your current pregnancy your first?

YES.....1

6

SKIP TO PART F, Page 27

NO.....2

E3. How old were you when you became pregnant for the very first time?

___ ___ YEARS OLD AT FIRST PREGNANCY

*E4. Including this pregnancy, how many times have you been pregnant? Please include all pregnancies, that is all those resulting in live births, stillbirths, abortions or miscarriages.

___ ___ TIMES PREGNANT

*E5. How many babies have you had born alive?

___ ___ NUMBER OF BABIES BORN ALIVE

00.....NONE

6

SKIP TO Q. E8

E6. Were any of the babies born alive twins, triplets, quadruplets or quintuplets?

YES.....1

NO.....2

6

SKIP TO Q. E8

*E7. How many sets of twins, triplets, quadruplets or quintuplets have you had?

___ TWINS

___ TRIPLETS

___ QUADRUPLTS

___ QUINTUPLTS

E8. Have you had any miscarriages? (Spontaneous delivery of a baby before 20 weeks when the baby is born dead).

YES.....1

NO.....2

6

SKIP TO Q.E10

*E9. How many miscarriages have you had?

___ ___MISCARRIAGES

E10. Have you had any stillbirths? (A baby born dead after at least 20 weeks).

YES.....1

NO.....2

6

SKIP TO Q. E12

*E11. How many stillbirths have you had?

___ ___STILLBIRTHS

E12. Have you had any abortions? (A pregnancy ended by a medical procedure).

YES.....1

NO.....2

6

SKIP TO VERIFICATION BOX

*E13. How many abortions have you had?

___ _ABORTIONS

VERIFICATION BOX:

* NOTE TO INTERVIEWER: PLEASE CONFIRM PREGNANCY HISTORY HERE.

I just need review the information you just gave me, just one minute please.

ENTER RESPONSES TO:

Q E4 ___ _ AND Q E5 ___ _

Q E9 ___ _

Q E11 ___ _

Q E13 ___ _

TOTAL = ___ _ + 1 = Q E4

TOTAL PLUS 1 SHOULD EQUAL Q.E4, UNLESS SETS OF TWINS, TRIPLETS, ETC. HAVE BEEN REPORTED. CHECK RESPONSE TO QUESTION E7 AND CLARIFY WITH RESPONDENT.

[IF Q E5 = 00, SKIP TO QUESTION E21.]

E14. Have any of your children died within their first year of life?

YES.....1

NO.....2

6

SKIP TO Q. E16

E15. How many of your children have died in the first year of life?

___ __BABIES HAVE DIED

E16. Have any of your liveborn children weighed less than 5 pounds and 8 ounces when they were born?

YES.....1

NO.....2

6

SKIP TO Q. E18

E17. How many of your liveborn children weighed less than 5 pounds and 8 ounces when they were born?

___ __CHILDREN

E18. Were any of your liveborn children born early (less than 37 weeks gestation)?

YES.....1

NO.....2

6

SKIP TO Q. E20

E19. How many of your liveborn children were born early (at less than 37 weeks)?

___ __CHILDREN

E20. How many of your liveborn children are living now?

___ __LIVEBORN CHILDREN STILL LIVING

E21. When did your last pregnancy end? Please include any outcome, such as, live birth, stillbirth, abortion or miscarriage.

___ __ - ___ __ - ___ __
MONTH DAY YEAR

PART F. INFORMATION ABOUT BEHAVIORAL FACTORS

The next section addresses some of the lifestyle behaviors that pregnant women may participate in. Your honest answers will help us to design appropriate services based on your needs. The questions apply to your current pregnancy.

F1. Please look at Showcard Number 4 and tell me which of the following statements about smoking and pregnancy apply to you? **[USE SHOWCARD #4 AND READ]**

Did not smoke before pregnancy/never smoked.....1	
Quit smoking but not because of pregnancy.....2	SKIP TO Q. F4
Quit smoking because of pregnancy.....3	
Currently smoke but I cut back because of pregnancy....4	
Currently smoke the same as before pregnancy.....5	

F2. How many cigarettes per day do you smoke?

__ __ CIGARETTES PER DAY

F3. Did you start prenatal care later because you didn't want others to know you were smoking during your pregnancy?

YES.....1

NO.....2

F4. Now look at Showcard Number 5, which of the following statements about alcohol and pregnancy apply to you? **[USE SHOWCARD #5 AND READ]**

Did not drink alcohol before pregnancy/never drank.....1	
Stopped drinking but not because of pregnancy.....2	SKIP TO Q. F7
Stopped drinking because of pregnancy.....3	
Currently drink but I cut down because of pregnancy....4	
Currently drink the same as before pregnancy.....5	

F5a. About how often on average do you drink any kind of alcoholic beverage?
Would you say.....

Daily.....1
Almost daily 3 to 6 days a week.....2
1 to 2 days a week.....3
Several times a month.....4
Monthly or less but at least once.....5

F5b. About how many drinks do you have on those days when you are drinking?

Usual number of drinks __ __

F6. Did you start prenatal care later because you didn't want others to know
you were drinking during your pregnancy?

YES.....1

NO.....2

The next questions are about drug use during pregnancy. Please answer
these questions honestly, we will not tell anyone about your answers. We are
interested in street drugs, those for which you don't have a prescription.

F7. Please look at Showcard Number 6, which of the following statements
about drugs and pregnancy apply to you? **[USE SHOWCARD #6 AND READ]**

Did not use drugs before pregnancy.....1

Stopped using drugs but not because
of pregnancy.....2

Stopped using drugs because of pregnancy....3

SKIP TO PART G, PAGE 30

Currently use drugs but I cut down because
of pregnancy.....4

Currently use drugs the same as
before pregnancy.....5

F8. Do you use...

	YES	NO
a) cocaine?	1	2
b) crack cocaine?	1	2
c) heroin?	1	2
d) marijuana (pot, hash)?	1	2
e) PCP (angel dust, love boat)?	1	2
f) methadone?	1	2
g) LSD?	1	2
h) anything else?		
1) _____ (SPECIFY)	1	2
2) _____ (SPECIFY)	1	2

F9. How often do you use...

TIMES (DAILY/WEEKLY/MONTHLY)
_____ DAILY OR _____ WEEKLY OR _____ MONTHLY
_____ DAILY OR _____ WEEKLY OR _____ MONTHLY
_____ DAILY OR _____ WEEKLY OR _____ MONTHLY
_____ DAILY OR _____ WEEKLY OR _____ MONTHLY
_____ DAILY OR _____ WEEKLY OR _____ MONTHLY
_____ DAILY OR _____ WEEKLY OR _____ MONTHLY
_____ DAILY OR _____ WEEKLY OR _____ MONTHLY
_____ DAILY OR _____ WEEKLY OR _____ MONTHLY

F10. Did you start prenatal care later because you didn't want others to know you were using drugs during your pregnancy?

YES.....1

NO.....2

PART G: SOCIO-DEMOGRAPHIC INFORMATION

These last questions provide background information to help us analyze the data correctly.

G1. What is your birth date?

__ __ - __ __ - __ __
MONTH DAY YEAR

G2. What is your current marital status? Are you:

Currently Married,.....1

Divorced,.....2

Widowed,.....3

Separated,.....4

Or Have you Never Been Married?.....5

G3. Do you currently live with a partner or husband?

YES.....1

NO2

G4. How many people (including yourself) live in your household?

__ __

G5. How many of these people are:

a) adults over 18 years? __ __

b) children under 5 years? __ __

c) children aged 5-12 years? __ __

d) teenagers aged 13-18 years? __ __

e) Total __ __

(NOTE: THIS SHOULD AGREE WITH Q. G4)

G6. What is the highest grade or year in school you have completed?

NO SCHOOLING.....00

ELEMENTARY/MIDDLE SCHOOL..01 02 03 04 05 06 07 08

HIGH SCHOOL/GED.....09 10 11 12

UNIVERSITY/COLLEGE.....13 14 15 16

POST GRADUATE.....17 plus years

G7. Have you ever had technical/vocational training?

YES.....1

NO.....2

G8. Are you currently employed outside of the home?

YES.....1

NO.....2 **6 SKIP to Q. G11**

G9. Are you employed

part-time or1

full time ?2

G10. What are your duties in your job?

G11. Do you participate in WIC?

YES.....1

NO.....2

G12. Do you participate in the Commodity Supplemental Food Program?

YES.....1

NO.....2

G13. Do you get food stamps?

YES.....1

NO.....2

G14. Did you or anyone in your household receive money during the past 12 months from...

	YES	NO
a) unemployment or worker's compensation?	1	2
b) Supplemental Security Income (SSI)?	1	2
c) Public Assistance (i.e. AFDC or Welfare)?	1	2
d) child support?	1	2
e) wages or salary?	1	2
f) other sources?	1	2

Please specify: _____

G15. Please look at Showcard Number 7, and give me the number that matches your total household income from all of the sources we just talked about. Please include your income and the income for all the other people in your household who share expenses. You can tell me either weekly, monthly, or yearly, which ever is easiest for you. Do NOT include food stamps in the total. [USE SHOWCARD #7]

YEARLY	MONTHLY	WEEKLY
Under \$5,000	\$.4 to \$417	\$1 to \$9601
\$5,000 to \$6,999	\$.418 to \$581	\$97 to \$13402
\$7,000 to \$8,999	\$.418 to \$581	\$135 to \$17303
\$9,000 to \$11,999	\$.582 to \$996	\$174 to \$23004
\$12,000 to \$14,999	\$.997 to \$1,248	\$231 to \$28805
\$15,000 to \$19,999	\$.1,249 to \$1,661	\$289 to \$38406
\$20,000 to \$24,999	\$.1,662 to \$2,076	\$385 to \$48007
\$25,000 to \$29,999	\$.2,077 to \$2,490	\$481 to \$57608
\$30,000 to \$39,999	\$.2,491 to \$3,324	\$577 to \$76909
\$40,000 to \$49,999	\$.3,325 to \$4,166	\$770 to \$96110
50,000 or More	\$.4,167 or More	More than \$96211
No personal earnings	No personal earnings	No personal earnings97
DON'T KNOW98
REFUSED99

G16. How do you pay for prenatal care?
(CIRCLE ALL THAT APPLY)

MEDICAID.....1
PRIVATE INSURANCE.....2
SELF-PAY.....3
OTHER4

(SPECIFY)

G17. How will you pay for your delivery?
(CIRCLE ALL THAT APPLY)

MEDICAID.....1

PRIVATE INSURANCE.....2

SELF-PAY.....3

OTHER4

(SPECIFY)

PART H. INTERVIEWER COMMENTS
